

# Lung Function Request



**Frankston Private Hospital**  
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[www.PASO.com.au](http://www.PASO.com.au)

## APPOINTMENT DETAILS

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time \_\_\_\_\_

## PATIENT DETAILS

Name \_\_\_\_\_

D.O.B \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

## INVESTIGATIONS

- Spirometry (Pre and Post Bronchodilator)
- Diffusing Capacity (DLCO)
- Bronchial Provocation Test
- MIPS/MEPS - Respiratory Muscle Strength
- FeNO (Fractional Exhaled Nitric Oxide)

## REQUESTING DOCTOR DETAILS

Name \_\_\_\_\_

Provider Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Copy results to \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## CLINICAL NOTES

Clinical question (reason for test) \_\_\_\_\_

\_\_\_\_\_

History \_\_\_\_\_

\_\_\_\_\_

Smoker  Yes  No  Ex

Medications \_\_\_\_\_

\_\_\_\_\_